2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
|--|--|
| 1/4 marales | (Eor newborn infants give residence of mother) |
| County | Size Maryland County Itarcester |
| City or town | State County County |
| 7 4 74 4 | City or town 1 2 september 1 |
| now long in accretion | (If outside city or town limits, write RURAL and give nearest town) |
| Hospital, Institution, or street address where death occurred: | Street No. |
| | (If rural, give LOCATION) |
| How long in hospital or institution? | 2.(a) If veteran, name war |
| | |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| WINELL INN | (ne) |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or differed | MEDICAL CERTIFICATION |
| no a silet so | MEDICAL CERTIFICATION |
| Male Muse Morried | 20. DATE OF DEATH Sune /8 19.47 at 111 ac |
| All De A | 20. DATE OF DEATH 19. The state of the state |
| 6.(b) Name of husband or wife Office May Dak | 21. I CERTIFY that death occupied on the date above stated; that I attended deceased from |
| 10 | Sure 8 1956 7, 10 South 10. 194 |
| | years |
| 7. Birth date of deceased (mo., day, yr.) New 27 1873 | and that I last saw h annualive on |
| | Immediate cause of death |
| 8. AGE: Years Months Days If less than one day | Careland Henorhage |
| 1.5 (0 1.3hrs. | min. |
| m | |
| 9. Birthplace | Oue to |
| (Town, county, and atate) | |
| 10. Usual occupation | |
| 1 12 | Due to |
| 11. Industry or business | |
| 12. Name Samue Jaken | Other conditions |
| 13. Birthplace | |
| | (Include pregnancy within 8 months of death) |
| 14. Maiden name | |
| 5 mid. | Major findings of operations. |
| ≥ 15. Birthplace | Date of op. |
| my Jalli M. Baker | Aniopsy results. |
| 16. Informant | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Address Dishop, Mo. | |
| (A : 12 / 1) () 12 / | 2. VIOLENCE: If death was due to external causes, fill in the following: |
| (Burial, cremation, or removal Which?) (Burial, cremation, or removal Which?) | Accident, suicide, or homicide |
| (Edrial, cremation, or removal them) | |
| Cemetery or crematory | Where did injury occur? |
| But abulle mit | Injured at home, farm, Industry, public place (where?) |
| Location | |
| 18. Funeral director M. Pasha Watson | Means of Injury Injured at work? |
| 18. Funeral director | (M) |
| Address, supprelle seled. | 19 James |
| 101 W P 10 | 23. SIGNATURE |
| 19 Q Meston Juny | |
| (Date rec'd by registrar) | istrar Address / Office 12-4 |

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and is

regrage

VS A15

PLEASE

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JUN 16 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

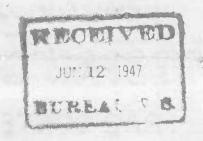
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05448

CERTIFICATE OF DEATH

351 Reg. Dist. No.

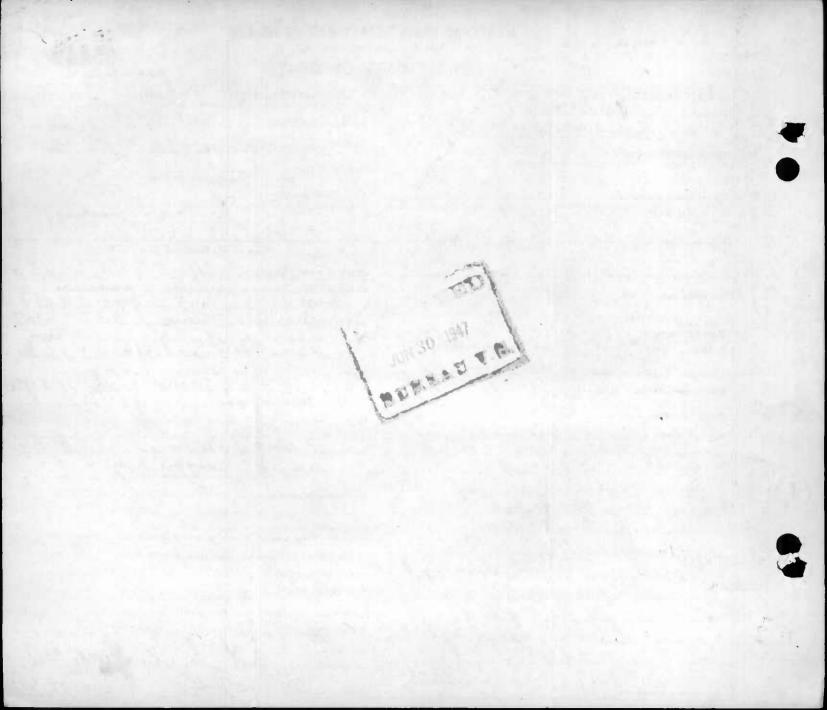
| 1. PLACE OF DEATH: \A\Q\acta\d\alpha\ | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|---|--|
| County. City or town XXXXXX Hill Rual # 2 | State Maryoland County Warculer |
| (If outside city or town limits, write RURAL and give nearest town) | City or town Swow Hill Prud # 2 |
| How long In above place of death? | (If outside city or town limits, write RULAL and give nearest town) |
| V | Street No |
| How long In hospital or Institution? | 2.(a) If veteran, name war. |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| O. Thank Durke | hanl |
| 4. Sex 5. Color or race 6.(α) Single, merried, widowed, or divorced | MEDICAL CERTIFICATION |
| male white married | 20. DATE OF DEATH JUNE 19 47 at 93 M |
| 8.(6) Name of husband or wife Mille J. Bush | 21. I CERTIFY that death occurred on the date above stated: that I allepded deceased from |
| 79 | 10 9 9 4 7 19 |
| 7. Birth date of deceased (mo., day, yr.) March 2 - 1866 | and that I last saw h. Com. allve on |
| 8. AGE: Years Months Days If less than one day | Immediate cause of death DURATION |
| 8/ 3 6hrsmin. | The state of the s |
| 9. Birthplace accomac and states | Due to unknow |
| | |
| 10. Usual occupation. | Due to |
| 11. Industry or business | |
| 12. Name | Other conditions |
| | (Include pregnancy within 3 months of death) |
| 14. Maiden name Manufactures 15. Birthplase | Major fiadiogs of operations. |
| 2 15. Birthplage | |
| 16. Informant due terrette October 16. | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Address Shan Hill, My Junal # 2 | 22. VIOLENCE: If death was due to external causes, fill in the following; |
| (Burist, cremation, or removal, Which?) | Accident, suicide, or homicide |
| Cemetery or crematory, Whatcard | Where did injury occur? (City or town) (County) (State) |
| Location Smow Hell, Md | Injured at home, farm, Industry, public place (where?) |
| | Means of Injury Injured at work? |
| MA C | (V +6 |
| Address Show Nelly Will | 23. SIGNATURE M. D. or other |
| 19. (Date rec'd by recistrar) Registrar | Address San Hell Date signed of Olar |
| and brown. | AMMILION |



2411 N. Charles St., Baltimore

4600

| CERTIFICAT | E OF DEATH Reg. Diat. No. |
|--|--|
| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| Denvelo White Ingle | MEDICAL CERTIFICATION 20. DATE OF DEATH UNL JUNE 19 47 at 47 |
| 6,(b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 9. Birthplace Many (Town, Acordy, and atate) 10. Usual occupation 11. Industry or business 12. Name Many and Man | 21. I CERTIFY that death occurred on the date above stated; that I attended daceased from 18.4.4. to hune 2.4.18.4. and that I last each account on hune 2.3. 18.4. Immediate cause of death DURATION Due to Concurred on the date above stated; that I attended daceased from DURATION 3 who Due to Concurred on the date above stated; that I attended daceased from DURATION 3 who Due to Concurred on the date above stated; that I attended daceased from DURATION DURATION 3 who Due to Concurred on the date above stated; that I attended daceased from DURATION 3 who Due to Concurred on the date above stated; that I attended daceased from DURATION DURATION 3 who Due to Concurred on the date above stated; that I attended daceased from DURATION DURATION 3 who Due to Concurred on the date above stated; that I attended daceased from DURATION DURATION DURATION 3 who Concurred on the date above stated; that I attended daceased from DURATION DURATION DURATION DURATION Due to Concurred on the date above stated; that I attended daceased from DURATION DURATION DURATION Due to Concurred on the date above stated; that I attended daceased from DURATION DURATION DURATION DURATION Due to Concurred on the date above stated; that I attended daceased from DURATION DURATION |
| Addiess 17. J. Mildle Date thereof Line 2 9 4.7 (Barrial, cremation, or removal. Which 2 Cemetery or crematory J. Which 2 Location J. L. L. Location J. | PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide |



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05450

CERTIFICATE OF DEATH

Reg. Diat. No. 35/

| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For new promand give residence of mother) |
|--|--|
| County Russell = New 700 K | State County County |
| (If outside city or town limits, write RURAL and give measurest town) | City or love Russel - Penass. |
| How long is above place of death? | If outside city or town limits, write RUGAL and give neurest town) |
| Hospital, institution, or street address where death occurred: | Street #5 |
| How long In hospital or Institution? | 2.(a) II veteran, name yar |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| Thomas Orlan | do Jamesh Ja |
| 4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| 5. | 20. DATE DF DEATH 23 19 4 7 21 8 0 M |
| 6.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| | him after deall 19 10, 10, 10, 19 |
| 7. Birth date of | and that I last saw h all the la |
| deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day | Immediate cause of death. |
| / S/ 0 | (h) |
| Jala / Ma | |
| 9. Birthplace | Due to. |
| 10. Usual occupation. | |
| 11. Industry or business | Due to |
| # 12. Hame Thomas Colando ormas | Dither conditions |
| 12. Name Name of Common of | |
| 14. Maiden same & ones and Palx | (Include pregnancy within 3 months of death) |
| 15. Birthplace Quentland Md | Major findings of operations. |
| + | Date of op |
| 18. Informant | Autopsy results |
| Address Salishing 1 100 1982 | 22. VIOLENCE: If death was due to external causes, fill in the following; |
| (Buylan, cromation, on removal, Which) bate thereof (month) (day) (year) | Accident, sutcide, or homicide |
| Cemetory or crematory Mathodust | Where did injury occur? (City or town) (County) (State) |
| The Market Market | |
| Location J.K. D.M.M. H. M. | Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? |
| 18. Funeral director | incars of injury injured at work? |
| Address Showhill Mg | lanker 11 anlower Mos |
| " 6/24/ 47 REBUSEUITA | M. D. or other |
| 19. (Date rec'd by registrar) Registrar | Address |

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JUN 26 1947

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| 2411 | N. | Charles | St., | Balt | imor |
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CERTIFICATE OF DEATH

| 2411 N. Ch | arlea St., Baltimore | |
|--|--|---|
| CERTIFICA | ATE OF DEATH | Reg. Diat. No. |
| 1. PLACE OF DEATH: County | 100 110, 7L | County |
| Hospital, Institution, or Argest address where death occurred: How long In hospital or Institution? | | give LOCATION) |
| 3. (a) FULL NAME Clebras d Lin) Olu | lany | 3. (b) Social Security Number |
| 4. See 5. Color or race 6. (A) Single, markey widowed, or divorced Lingle | 20. DATE OF DEATH | CERTIFICATION 8 19 47 at 12.50 |
| 6.(b) Name of husband or wife | ···· | e abore stated; that I attended deceased from |
| 7. Birth date of deceased (mo., day, yr.) R. A.G.F. Years Months Days if less than one day | and that I last saw halive on | |
| 8. AGE: Years Months Days If less than one day hrs. hrs. 9. Birthplace AlixAult Dull This. 1 | Due to | ey willow |
| 10. Usual occupation | Oue to | |
| 12. Name August & Confirmation of the state | Other conditions | |
| 14. Maiden name Stiffy Marie Laylar 15. Birthplace Salishung, M. | Major findings of operations | |
| 16. Informant Styred X. Sculery Ma. | | to which death should be charged statistically. |
| (Burial, cremation, or removal, Which) Cemetery or crematory (Burial, crematory (Bu | 22. VIOLENCE: If death was due to extern Accident, sulcide, or homicide. Where did injury occur? | ot lity worker in |
| Location Tallanus 1 | injured at home, tagin, industry, public place Maens of injury | e (where?) Mgig huray # 13 |
| 18. Funeral director & Al Alle Alle Andress Faliabury, M. A. | 23. SIGNATURAJOHNE Z. | Cily Dyb. my Ex |
| 19. VCX. 13. 19. 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Du mot the | my late signed 6/8/4 |

VS A15



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cist especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE 1

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

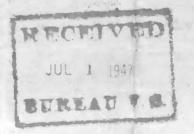
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05451

CERTIFICATE OF DEATH

Rev. Diat. No. 355

| (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Street No. (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) | |
|--|---|
| nathan Convay Koll. | |
| ch) Home of bushand or wife Wile I de le 20. DATE DF DEATH | |
| 7. Birth date of and that I last saw halive on | 19 Y 10 21 fee 19 X) |
| 8. AGE: Years Months Days It lose than one day Shouthares of death will be a strong of the strong of | DURATION STREET |
| 10. Usual occupation 11. Industry or buelnoss 12. Name Elakara Deall Differ conditions 13. Usual occupation Duo 10. Cacherolic Generalic Differ conditions | u) to |
| 13. Birthplaco (Include pregnancy within 14. Maiden name South Sluggi Major findings of operations. 15. Birthplace | |
| Autopsy results | which death should be charged statistically. |
| 17. (Burini cremation, or removal Which?) Cemetery or crematory Location. Dato thereof. (month) (day) (year) (City or town injured at home, farm, Industry, public place | n) (County) (State) |
| 18. Funeral director. August A. Burlow Heane of injury Address 23. SIGNATURE Change 18. Funeral director. August A. Burlow H. Burlow | a Raffin D. M. D. or other M. Dato signed 24 Km & |



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

| parties. | 11 | ^ | -in- | |
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| "M" | | S | 84 | |
| 63 | | 4 | Par. | |

CERTIFICATE OF DEATH

05452 Reg. Dist. No. 3.5.5

| 1. PLACE OF DEATH CENTER CO | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in Tanta give residence of mother) |
|---|---|
| County | Me Marcest |
| City or town | StateCounty |
| How long in above place of death? | City or town (If outside city or town limits, write RURA) and give nearest town) |
| Hospital, institution, or street address where death Exurred: | Street No. Smet 184 80 |
| | (If rural, give LOCATION) |
| How long in hospital or institution? | 2.(d) If veteran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| Stavely I know | 214-24-4347 |
| 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| 9 | 20. DATE OF DEATH. 22. M |
| dK. | 21. I CERTIFY that death occurred on the date above stated: that l'attendad deceased from |
| 6.(b) Name of husband or wife | 2 213 119 12 19 |
| 7. Birth dato of S.(c) If alive, give age years | and that I Jast saw halive on |
| deceased (mo., day, yr.) | Immedible cause of death. |
| 8. AGE: Years Months Days If less than one day | 6 |
| hrsmin. | Probably angelis |
| 9. Birtholace | Due to. |
| (Town, bunty, and state) | |
| 1D. Usual occupation. | Due to. |
| 11. Industry or business at a greate Grance. | |
| 12. Name | Dther conditions |
| | (Include pregnincy within 3 months of death) |
| H 14. Maiden name | |
| 14. Maiden name | Major findings of operations. |
| I santa ass. | Date of op. |
| 16. Informant | Autopsy results |
| Address Can Cly | 22. VIOLENCE: If death was due to external causes, fill in the following; |
| (Burial, cremation, or removal, Which?) Date thereof Management (month) (day) (year) | Accident, sutcide, or homicide |
| Cemetery or crematory | Where did injury occur? (City or town) (County) (State) |
| B. 0 / 2 4 mas 120 110 | |
| Location | Injured at home, farm, industry, public slace (where?) |
| 18. Funeral director passes to select ask | Means of Injury injured at work? |
| Address Salialium and | 0/1/1 Intomis mes 5. |
| (4-27) 47 (16) 2 2 2 | 23. SIGNATUJE M. D. or other |
| (Date rec'd by registrar) | Address President City Date signed 6/2, 2/47 |
| | |

MISTIANO STATE DEPARTMENT OF TEETH

OF GUITFICALE OF DEATH

COMMISSION SEEDS OF DEATH

10: 4

William Files Transferre



Section of the sectio

166

05456

CERTIFICATE OF DEATH

Reg. Dist. No. 35/

| S. | 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) |
|-----------------------------|--|--|
| he | County Controlled | Manager () |
| - 60 H | Cily or town | State III County County County |
| Ily. | How long in above place of death | (If outside city of town limits, write BURAL and give nearest town) |
| ful | How long in above place of death | |
| carefully and | fame Temportone Rulp Street For | Street No. (If rure), give LOCATION) |
| ~ 0/ | | 2.(a) tf veteran, name war |
| tion u | How long In hospital or Institution? | |
| ma | 3. (a) FULL NAME | 3. (b) Social Security Number |
| de | Jasse byon loss Johnson |) long |
| inf | 4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced | MEDICAL CERTIFICATION 47 |
| of | B C. | 282 148 80 m |
| ans | | 20. DATE OF DEATH. |
| ite e c | 6.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated; that attended doceased from |
| th | | 19 7 , 10 11 |
| eveite | 7. Sirth date of | and that I last saw h allive on May (3 4 1931 |
| ly wr | deceased (mu, day,) (1) | Immediate cause of death |
| Supplease | o. Ade: | Jane Mage |
| w | 16 /min. | S. S |
| M. pl | 9. Birthplace. a reester. | Due to decention of |
| NS ns | (Town, county, and state) | |
| Geia | 1D. Usual occupation | Due to Sulet Cound |
| ysi | 11, industry or business | |
| ADING INK. Physicians: 1 | = 12 Name dreven Johnson | Dther conditions |
| LT. | 13. Birthplace Azerston M.C. | |
| Tan d | ex S. Birmpiace | (Include pregnancy within 3 months of death) |
| 田品 | E 14. Maiden name | Major findings of operations |
| WITH UNI | E 15. Birthplace | Date of op. |
| p- | 16. Interment Select Rose | Actopsy results. |
| especially, | C was made to | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| IN | Address my lack 1/01 | 22. VIOLENCE: tf death was due to external causes, fill in the following: |
| LA | (Birial, cremation, or removal, Whigh?) | Accident, suicide, or homicide terminal Date of Date of |
| PL is e | O (V) Call Mr. (Ca) | Where did latury occur of the Month of the Market of the M |
| | Cemetery or crematury | |
| 12 | Location was Markeller & M. G. | Injured at home, Jarm, Industry, public place (where?) |
| # | Whom 6 Daniel | Means of injury to the work track to the total to the tot |
| SE | 10. Tulletal directul | ns min |
| A C | Address MON AUG M. | 23. SIGNATURE 1: La arlonus "IVA". |
| J. | " 7/1/ "47 XE Por Sweeth | M. D. or other |
| 14 | (Date rec'd by registrer) | Addrass CE MARKE WAY Date signed 28/4- |

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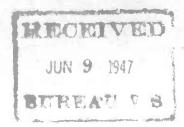
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore Q 34

CEDTIFICATE OF DEATH

| | 05453 |
|------------|-------|
| Reg. Dist. | No. |
| /X | |

| CERTIFICA | Reg. Dist. No. |
|--|--|
| 1. PLACE OF DEATH County. City or town | 2. USUAL RESIDENCE (HOME) OF DECEMBED (Form where in fants give residence of mother) State |
| 3. (a) FULL NAME Catherine Milli | Kelley 3. (b) Social Security Number |
| 6.(b) Name of husband or wife 7. Birth date of | MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CERTIFY that death outured on the date above stated; that I attended deceased from 19 |
| 8. AGE: Years Months Days it iess than one day hrs | Immediate cause of death Channic Ageneration myses self >6 gg Due to Shall grant and a g |
| 10. Usual occupation. 11. Industry or business 12. Name 13. Birthplace 14. Maiden name 14. Maiden name | Other conditions Assume Samuel Conditions (Include pregnancy within 3 months of death) |
| 14. Malden name 15. Birthplace 16. Information Address D. Neuron (Burial, cremation, or regagnal, (Which?) Date thereof Amonth) (day) (year) | Major findings of operations |
| Cemetery or crematory A. D. Cemetery or crematory or crema | Where did injury occur? |
| Address Salith Maryl and. 19. 6-1- AT Helen F. Hayl (Date ree'd by registrar) Registrar | 23. SIGNTURE Halluphun Is 20. M. D. or other Address Swelm Ind Bate signed 6, km. 49. |



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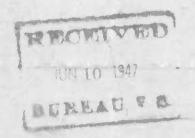
VS A15

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

| CERTIFICA | TE OF DEATH Reg. Diat. No. |
|--|--|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
| City or town. (If outside city or town limits, write RURAL and give nearest town) | Slate Mary and county Waccestie |
| How long in above place of dealh? | (If outside city or town limits, write RURAL and give neglect town) Sireel No. |
| | (If rural, give LOCATION) |
| How long in hospital or institution? | 2.(a) If veleran, name war. |
| 3.(a) FULL NAME Ida Doutten | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| Female White Widowed | 20. DATE OF DEATH. Quine 6 194 7, 21 12 052. |
| 6.(b) Name of husband or wife South Outlese | 21. In ENGINEE that death occurred on the date above stated: that I attended deceased from |
| 7. Birth dale of | and that I last eaw less alive on 19 |
| deceased (mo., day, yr.) Survivary / -/86/ | mmediais caussot death |
| 8. AGE: Years Months Days If less than one day | |
| 9. Birlhplace alexander Discenter Tond. (Town, county, and atate) | Oue to Collins Schanis |
| 10. Usual occupation. Thomas Compa | Due 10 |
| 11. Industry or business | Physical Street |
| 12. Name Wither Ward | Other conditions of the condit |
| | (Incidde pregnancy within 3 months of death) |
| 14. Maiden name disgree tomason 15. Birlhplace mary | Major findings of operations. |
| ž 15. Birlhplace | Dale of op. |
| 16. Informant David | Antopsy results |
| Address A a correction of the state of the s | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| (Burial, cremation, or removal, Which?) Dale thereof (month) (day) (year) | Accident, euicide, or homicide |
| Cemelery or cremators Lord will Constant | Where did injury occur? (City or town) (County) (State) |
| Location Russel Docombine Tond | Injured al home, farm, industry, bub'ic place (where?) |
| 18. Funeral direct Johnson State alson | Means of Injury Injured all work? |
| Address tocomobe mid | 23. SIGNATURE 1. C. Arlormo Mari |
| 19. Just 1947 Aure E Stitle Registrar | TUEN CITY M. D. GOTT /4.7 |



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

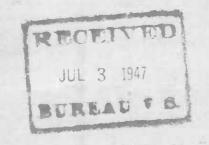
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05455

CERTIFICATE OF DEATH

Reg. Diat. No. 350

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
|--|---|
| County Morcestly | (For newborn infants give residence of mother) |
| City or fown focomoke City | State Maryland county Worldler |
| (If outside city or town limits, write, RURAL and give nearest town) | City or town (If outside city or town limits, write RURA) and give nearest town) |
| How long to above place of death? | (If outside city or town limits, write RUKA) and give nearest town) |
| Hospital, Institution, or street address where death occurred: | Street No. |
| | (If rural, give LOCATION) |
| How long In hospital or institution? | 2.(a) If yeteran, name war. |
| 3. (a) FULL NAME Lane W. Fayne | 3. (b) Social Security Number |
| gone ! | |
| 4. Sex 5. Cofor or tace 6.(a) Single, married, wattiwed or divorced | MEDICAL CERTIFICATION |
| Temale While Widowld | 20. DATE OF DEATH JOURNE 30 1947 at 2:30 m |
| Silve & Falland | 21. I CERTIFY that death occurred on the date above stated; fhat attended deceased from |
| 6.(b) Name of husband or wife | May 15 1947, 10 time 30 1947 |
| | |
| 7. Birth dafe of deceased (mo., day, yr.) Sept. 19, 1854 | Immediaic cause of death DURATION |
| 8. AGE: Years Months Days If less than one day | |
| 92 9 11min. | Wireman 6 who |
| 2 0 2/11 14 51/1 | |
| 9. Birthplace achieve (Town, county, and state) | Due to. Mr. Alaman Juan Juan Landon |
| 10. Usual occupation A susewelle | DA + GALD DE PLANES PURELLE |
| | Due to With Eval Butter |
| f1. Industry or business | , |
| 12. Name . Teorge W. Hancoch t3. Birthplace W.d. | Dther conditions |
| | (Include pregnancy within 3 months of death) |
| 14. Maiden name Anne E. Bonwelle 15. Birthplace Marie Rep | Major findings of operations |
| 5 15 Rightsizes Wolfes | Date of op. |
| May Linella Naver 1800 | |
| 16. Informant | Autopsy results |
| Address Focomoree (ily, Md: | |
| 17 Burial pate Anereof July 3 1947 | 22. VIOLENCE: tf death was due to external causes, fill in the following: |
| (Burial, cremation, or removal) Which? (month) (day) (year) | Accident, suicide, or homicide |
| Cemetery or crematory Trusty Cuan Umelang | Where did injury occur? |
| Location Formore Coly May | Injured at home, farm, industry, public place (where?) |
| 18. Funeral director Deany Act atson | Meens of injury Injured at work? |
| Address Paconshe City mad | (Toul the But Q |
| July 12 13 7 14 | 23. SIGNATURE M. D. of other |
| 19. Miles 194 (Marie Co.) hele Registrar | Address Sand I Adell Date signed 91 4 164 5 |



Janes - j

2411 N. Charles St., Baltimore 4 3

23. SIGNATURE

05457

| E OF DEATH | Reg. Dist. No. 3. |
|--|---|
| 2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of a | nother) |
| my make being | wordstu |
| State | _ , Y |
| City or town (11/outside city or town limits | , write RURAL and give nearest town) |
| Street No | |
| (If rural, give | LOCATION) |
| 2.(a) If veteran, name war | |
| | 3. (b) Social Security Number |
| | 200 |
| | 1 None |
| MEDICAL CE | RTIFICATION |
| 20 DATE DE DEATH | 16 1947 112,45 P. |
| The state of the s | |
| 21. I CERTIFY that death occurred on the date abo | |
| and that t last saw halive on | 1 |
| Immediate cause of death my or | ardial OURATION |
| degenstine / of | teast 6 mo. |
| | |
| Due to | |
| | |
| Oue to | |
| vue tu | *************************************** |
| | *************************************** |
| Other conditions | |
| (Include pregnancy within 3 m | nonths of death) |
| Major findings of operations | |
| | Oate of op |
| Autopsy results | |
| 22. VIOLENCE: tf death was due to external cau | ses, fill in the following: |
| Accident, sutcide, or homicide | Date of |
| Where dld injury occur?(City or town) | (County) (State) |
| tnjured at home, farm, Industry, public place (wi | nere?) |
| Means of injury | Injured at work? |

CERTIFICAT 1. PLACE OF DEATH: County... we nearest town) Hospital, Institution, or street address where Geath occurred: How long in hospital or institution?..... 3. (a) FULL NAME d.(a) Single, married, widowed, or divorced 5. Color or race 4. Sax 6.(c) If alive, give age. 7. Birth dale of deceased (mo., day, yr.) Months Years Days If less than one day 8. AGE: 68 9. Birthplace ... 10. Usual occupation. 11. Industry or business 13. Birthplace H 14. Malden na 15. Birthplace 14. Malden name 16. Informant 17....(Burial, cremation, or removal. Which?) Date thereof. (month) (day (year) Cemetery or crematory Location 18. Funeral director Address (Date rec'd by registrar)

WRITE PLAINLY, is especially

important.

A15 NS PLEASE





VS A15

age UNFADING INK. Supply every item of information carefully. The correct ant. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

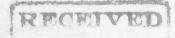
2411 N. Charles

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| Reg. Diat. No. |

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|----|-----|-----|----|--------------|----|----|-----|---|---|----|---|---|----|---|----|
| ~L | 11/ | . J | Ξ. | | T. | UM | Y 1 | | | T. | | | L) | 4 | А. |

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | | | | | |
|---|---|--|--|--|--|--|
| County | (For newborn infants giver sidence of mother) | | | | | |
| City or town | State County County | | | | | |
| How long in above place of death? | (If outside city or town limits, write RURAL and give nearest town) | | | | | |
| Hospital, institution, or street address where death occurred: | Street No. | | | | | |
| | (If rural, give LOCATION) | | | | | |
| How long in hospital or institution? | 2.(a) If veteran, name war | | | | | |
| 3. (a) FULL NAME | 3. (b) Social Security Number | | | | | |
| Hiromia, L. Hincins | none_ | | | | | |
| 4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION | | | | | |
| Temple White Widowed | 20, DATE OF DEATH. 19 19.4.7 21.6.45 PM | | | | | |
| la grand of Hinge of | 21. I CERTIFY that deat occurred on the date above stated; that hattended deceased from | | | | | |
| 6.(b) Name of husband or wife. Aladahall Q. Dincini | March 19 47, 10 June 19 19 47 | | | | | |
| 7. Birth date of | and that I last saw h 27 alive on June 19 18 47 | | | | | |
| deceased (mo., day, yt) 1111. 3 - 1844 | Immediais cause of death DURATION | | | | | |
| 8. AGE: Years Months Days If less than one day | Cerebral hemorhase I hour | | | | | |
| 73 4 14hrsmin. | | | | | | |
| 9. Birthplace Berlin Warcester mcf | Due to | | | | | |
| (Town, equity, and atate) | arterio- selevous un know | | | | | |
| 1B. Usual occupation Hauserife | Due fo | | | | | |
| 11. industry or business own Herne | | | | | | |
| 12. Name Danul Payal | Dther conditions | | | | | |
| ₹ 13. Birthplace may rand | (Include pregnancy within 3 months of death) | | | | | |
| # 14. Maiden name Sama Burlags | (Include pregnancy within 8 months of death) | | | | | |
| | Major findings of uperations. | | | | | |
| 15. Birlhplate May come | Date of op. | | | | | |
| 16. Informant DA J J Man | Autupsy results | | | | | |
| Address Super Hills, My | 22. VtOLENCE: if death was due to external causes, fill in the following: | | | | | |
| 17 Dunal Date there Date 22/47 | Accident, suicide, or homicide | | | | | |
| (Buryal, cremation, or removal Which?) (month) (day (year) | | | | | | |
| Cemetery or crematory MISISINGS | Where did injury occur? | | | | | |
| Location Druggy Willey MIG | Injured at home, farm, Industry, public place (where?) | | | | | |
| 18. Funeral director. Alday O: Ossamus D | Msans of injury Injured at work? | | | | | |
| of 1 1111 mo | (X2 0 (Sha Del D | | | | | |
| Address Mun Nul 119 | 23. SIGNATURE M. D. or other | | | | | |
| 19. 6/21/ 1847 Ketsey Swith | 1 Hell 6/20/10 | | | | | |
| (Date rec'd by registrar) Registrar | Address Date signed Date signed | | | | | |



JUN 23 1947

BUNDAU F B.

-2411 N. Charles St., Baltimore

93d

05459

CERTIFICATE OF DEATH

Reg. Dist. No. 354

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
|---|--|
| County W seested | (For newborn infants give residence of mother) |
| City or town. Stockton | State way and County water |
| (If Offside city of town limits, write reasons and give hearest town) | City or town Weelouse, Wel. |
| How long In above place of death? 3 days Hospital, institution, or street address where death occurred: | (If outside city or town limits, write RURAL and give nearest town) |
| | Street No |
| | 2.(a) If veteran, name war |
| How long In hospital or Institution? | |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| Sarah Wise Word | |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| Themale white Single | 2D. DATE DF DEATH Trung 12 1947 21/. 30 A. |
| | 21. I CERTIFY that weath occurred on the date above stated; that Lattended deceased from |
| 6.(b) Name of husband or wife | January 1947, 10 June 12 19 47 |
| 7. Birth date of | and that I last saw her alive on June 11 19.47 |
| deceased (mo., day, yr.) December 11, 1872 | Immediate cause of death |
| 8. AGE: Years Months Days If less than one day | Einterio selenti Hypertensia |
| 74 6 1hrsmin. | heart disease unknow |
| 2. Jack and related made | |
| 9. Birthplace Weelourne, Worcester, md. (Town, county, and state) | Due to |
| 10. Usual occupation Housekeeper | |
| | Due to |
| 11. Industry or business | |
| 12. Name hoah Ward 13. Birthplace md | Dther conditions |
| | (Include pregnancy within 3 months of death) |
| 14. Maiden name Charlotte Vilchard 15. Birthpiace Md. | |
| 15. Birthplace md. | Major fiedioss of operations |
| 2 15. Birthplace | |
| 16. Informant Mr. From ward | Actors results |
| Address new to hunch, Va Rural | |
| 17 Burial Bate thereof June 15, 1947 | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| (Burial, cremation, or removal. Which?) (month) (day) (year) | Accident, suicide, or homicide |
| Cemetery or crematory Vilehard | Where did Injury occur? |
| Pormoke Eiter, Rural | Injured at home, farm, Industry, public place (where?) |
| Location M. | Maans of Injury Injured at work? |
| 18. Funeral director. Margarette H. Walson | (X 0 () |
| Address Pocombke tity, red. | Daniel Show W. O |
| 0. 12 | 23, SIGNATURE |
| 19. Jun. 1 a 19 47 Mary M Layles | Address Surve HOO Bate signed 6/12/4 |

RECEIVED

JUN 17 1947

BUNEAUT